DOCUMENT RESUME

ED 288 951 UD 025 934

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|---|---|
| TITLE | Excellence in Minority Health Education and Care Act. Report to Accompany S. 769. 100th Congress, 1st Session. |
| INSTITUTION | Congress of the U.S., Washington, D.C. Senate Committee on Labor and Human Resources. |
| REPORT NO | SR-100-110 |
| PUB DATE | 87 |
| NOTE | 15p. |
| AVAILABLE FROM | Superintendent of Documents, Congressional Sales Office, U.S. Government Printing Office, Washington, DC 20402. |
| PUB TYPE | Legal/Legislative/Regulatory Materials (090) |
| EDRS PRICE | MF01/PC01 Plus Postage. |
| DESCRIPTORS | Allied Health Occupations; *Black Colleges; *Blacks; *Federal Aid; *Health Education; Health Occupations; Higher Education; *Medical Schools; Minority Groups; Primary Health Care; Public Health Legislation |
| IDENTIFIERS | *Public Health Service Act |

ABSTRACT

Despite an explosion in scientific knowledge and the capacity of medicine to diagnose, treat, and cure diseases, blacks and other minorities have not benefitted fully or equitably from these advances. The systems which are responsible for implementing health technologies do not work in favor of minority groups. An amendment to the Public Health Service Act could alleviate these inequalities. The bill, "Excellence in Minority Health Education and Care Act," authorizes grants for health professions schools at black colleges for the following purposes: (1) develop plans to achieve institutional improvements; (2) improve the capacity to recruit and retain faculty; (3) provide improved library and information resources; (4) establish, strengthen, or extend programs to enhance students' academic performance; (5) establish, strengthen, or expand programs to increase the number and quality of applicants for admission; and (6) develop curricula and carry out faculty training programs. The bill authorizes an appropriation of $10 million for fiscal 1988, and makes provisions for the allocations to continue through 1991. (VM)

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Calendar No. 239

100TH CONGRESS
1st Session

SENATE

REPORT
100-110

ED288951

# EXCELLENCE IN MINORITY HEALTH EDUCATION AND CARE ACT

JULY 15 (legislative day, JUNE 23), 1987.—Ordered to be printed

Mr. KENNEDY, from the Committee on Labor and Human Resources, submitted the following

## REPORT

[To accompany S. 769]

The Committee on Labor and Human Resources, to which was referred the bill (S. 769) to amend the Public Health Service to authorize assistance for centers for minority medical education, minority pharmacy education, minority veterinary medicine education, and minority dentistry education having considered the same, reports favorably thereon with an amendment and an amendment to the title and recommends that the bill as amended do pass.

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## I. SUMMARY OF THE BILL

As reported by the Committee, S. 769 amends part F of title VII of the Public Health Service (PHS) Act to authorize grants to health professions schools to assist them in supporting programs of excellence in health professions education for minority individuals. Grants will be available to schools which received contracts for advanced financial distress assistance under section 788B of the PHS Act in FY 1987—namely the Schools of Medicine and Dentistry of

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the Meharry Medical College, Xavier University College of Pharmacy, and Tuskegee University School of Veterinary Medicine—and will be used by the schools to:

(1) develop plans to achieve institutional improvements, including financial independence, to enable them to support programs of excellence in health professions education for minority individuals;

(2) improve such schools' capacity to recruit and retain faculty;

(3) provide improved library and information resources;

(4) establish, strengthen, or expand programs to enhance students' academic performance;

(5) establish, strengthen, or expand programs to increase the number and quality of applicants for admission to such schools; and

(6) develop curricula and carry out faculty training programs in order to enable such schools to become, for the health care providers of the Nation, a resource with respect to the health problems of minority communities, such as high infant mortality rates, and high incidence of acquired immunodeficiency syndrome (A.I.D.S.).

S. 769 authorizes appropriations of $10 million in FY 1988 and such sums as may be necessary for each year in FY 1989, 1990 and FY 1991 to carry out this program.

## II. Background and Need for Legislation

A 1985 report from the Department of Health and Human Services (HHS) found that "Despite the unprecedented explosion in scientific knowledge and the phenomenal capacity of medicine to diagnose, treat, and cure disease, Blacks, . . . [and other minorities] have not benefitted fully or equitably from the fruits of science or from those systems responsible for translating and using health sciences technology." This report, from the Task Force established by then-Secretary of HHS Margaret Heckler to study the health problems of Black and other minority populations in the United States, described long-standing critical disparities in the health status of Black and other minority Americans as compared with our Nation's population as a whole. High infant mortality rates for Blacks as well as disproportionately higher incidence rates for hypertension, diabetes, stroke, certain types of cancer, and other diseases as compared with the U.S. population as a whole demonstrate the continuing disparity that exists.

One of the reasons for this disparity in the health of our Black and other minority populations is the lack of access to comprehensive and high-quality care for such populations. One of the key elements of quality health care is the availability of well-trained health care providers. Studies indicate that health professionals who are from the same cultural background as their patients may be able to communicate better with their patients and thus have a more positive influence on many factors that affect health. Minority physicians are also more likely to be found practicing in predominantly minority, low-income areas, caring for a relatively high proportion of minority patients. However, according to the Secre-

tary's Task Force, minorities are substantially underrepresented among students and practitioners of virtually all major health and allied health professional disciplines. Most minorities receive health care from providers who do not share their own ethnic/cultural background. The Task Force found, for instance, that the proportion of Blacks among health professionals is relatively low and not likely to change appreciably in the near future. Even if the number of Black graduates continues to rise, as it has during the past two decades, it is still unlikely that the proportion of Black health professionals will significantly increase in the near future.

Health care providers are essential to any effort that aims to improve the health status of minorities. The Secretary's Task Force indicated that the Department of Health and Human Services must forge a partnership with the health profession's community and others to address jointly the health issues confronting minorities. The Task Force further recommended that the Department of Health and Human Services "should initiate discussions with minority and nonminority health professional organizations, academic institutions, State governments and health departments, and other entities from the public and private sectors, to develop strategies to improve the availability and accessibility of health professionals to minority communities."

One of the most important sources of education and training for minority health professionals over the years has been a limited number of schools serving predominantly Black students. There are only a few such institutions and they train a large proportion of Black health professionals. Four such institutions, in particular, have performed an invaluable service to this Nation in educating Black health professionals. Meharry Medical College School of Medicine in Nashville, Tennessee, has trained 40 percent of all Black physicians in practice in the U.S. today. The Meharry School of Dentistry has trained 50 percent of all Black dentists. Tuskegee University School of Veterinary Medicine in Tuskegee, Alabama, has trained 75 percent of all Black veterinarians. Xavier University College of Pharmacy in New Orleans has trained 25 percent of all Black pharmacists.

For a variety of reasons, these schools, despite the contributions they have made and continue to make in training health professionals, have experienced chronic financial difficulties over the years and have struggled to survive. As they are private institutions, they receive no State assistance. Because many of their students come primarily from disadvantaged socioeconomic backgrounds and are often first-generation college graduates, it is difficult for these schools to raise tuition in order to improve their fiscal viability. Many of their graduates practice in underserved areas and few are able to manage the kind of alumni-giving that many other schools depend on for financial support. Finally, none of these schools, because of their students' needs and their relatively small faculties, is heavily involved in research and so they do not benefit significantly from research funding.

The Congress has sought during the past fifteen years to assist these institutions, because of their invaluable contributions, in their financial distress. The most recent such assistance, the Omnibus Budget Reconciliation Act of 1981, P.L. 97-35, authorized,

under 788B of the PHS Act, multi-year "advanced financial distress" contracts between the Secretary and each of the four schools. In order to enter into these contracts for financial assistance, the schools were required to develop plans for achieving financial solvency within five years.

The four schools report significant progress in upgrading both the financial viability and the quality of their programs during the five years of the multi-year contract program. The financial assistance has helped them to become more self-sufficient. Improvements in management have been documented through site visits organized by the Department of Health and Human Services. They have been able to establish more advanced teaching techniques, clinical and research settings, faculty, and facilities. Unfortunately, however, because of several factors, particularly the virtual elimination of other types of Federal support to assist minority and other disadvantaged schools and students, the four schools have been unable to attain completely the independent financial status that was expected with the advanced financial distress funding.

## III. Votes in Committee

S. 769 was introduced in the Senate on March 18, 1987, and referred to the Committee. The Committee met in executive session June 3, and after amendments to the original bill, agreed unanimously to report S. 769 to the Senate.

## IV. Text of the Bill as Reported

[S. 769, 100th Cong., 1st Sess.]

A BILL To amend the Public Health Service Act to authorize assistance for centers for minority medical education, minority pharmacy education, minority veterinary medicine education, and minority dentistry education

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,* [That this Act may be cited as the "Excellence in Minority Health Education and Care Act".

### [FINDINGS

[SEC. 2. The Congress makes the following findings:

[(1) Minority health care needs are serious and tend to be much greater than the health care needs of the general population.

[(2) While the number of health professionals has increased, there are still very serious shortages of health professionals from minority groups and there has been a drop in the enrollment of minority individuals in some health professional education programs.

[(3) Health professionals from minority groups have critical roles in serving low-income minority populations, particularly in inner-city areas and rural areas.

[(4) Historically, minority health professions schools are among the primary entities addressing the serious needs of minority groups for health care.

[(5) Historically, minority schools have developed special capacities in developing activities to prepare health professionals to serve minority populations most effectively and activities to meet the health care needs of minority populations.

[(6) Recent studies of the health care conditions and needs of minorities have identified the following important considerations:

[(A) Information dissemination should be increased to improve health awareness and to strengthen healthful practices in minority groups.

[(B) Public and patient education must address racial, ethnic, and cultural barriers to proper health care if such education is to be effective.

[(C) Alternative ways of delivering and financing the health services needed by impoverished individuals, among whom minorities are over-represented, must be investigated, developed, and implemented.

[(D) Complex problems concerning the availability and accessibility of health professionals to minority communities must be addressed through multiple efforts.

[(E) Greatly expanded efforts are needed to ensure that health professions schools and practitioners throughout the country take advantage of knowledge concerning the most effective ways of serving minority populations and their health care needs.

[ASSISTANCE

[SEC. 3. Part F of title VII of the Public Health Service Act is amended by redesignating section 788B as section 788A and by inserting after such section the following:

["GRANTS FOR MINORITY EDUCATION

["SEC. 788B. (a)(1) The Secretary may make grants to Meharry Medical College in Nashville, Tennessee, to establish a Center of Excellence in Minority Health Education. Such Center shall—

["(1) carry out a program to increase the effectiveness of health care delivery among minority populations, facilitate access to health care services by minority populations, improve the efficiency of service and payment systems, and modify health care services to be more culturally acceptable;

["(2) demonstrate and refine methods of attracting and retaining high caliber minority faculty who are aware of the specific health needs of minorities and who will conduct research addressed to minority health problems;

["(3) demonstrate and refine methods of attracting, retaining; and graduating high caliber minority students who will serve minority populations with serious health needs, particularly residents of inner-city and rural areas;

["(4) improve the recruitment of minority students, augment faculty, develop effective techniques for training minorities in the health professions, and establish scholarship programs to attract and retain promising individuals;

[“(5) maintain a communications network to disseminate information about health promotion, disease prevention, and the use of health services which specifically addresses conditions and needs among minorities;

[“(6) demonstrate patient education methods which address racial, ethnic, and cultural barriers to proper health care;

[“(7) develop and disseminate alternative models of delivering and financing the health services needed by impoverished individuals; and

[“(8) provide consultation and assistance to other schools of medicine in the development and implementation by such schools of more effective educational and service programs to serve minority populations.

[“(b) The Secretary may make grants to Xavier University College of Pharmacy in New Orleans, Louisiana, to establish a Center of Excellence in Minority Pharmacy Education. Such Center shall—

[“(1) improve the recruitment of minority students, augment faculty, develop effective techniques for training minorities in pharmacy, and establish scholarship programs to attract and retain promising individuals;

[“(2) assist education and research programs which focus on less expensive generic drugs that are commonly dispensed by pharmacists practicing in low-income minority areas;

[“(3) develop and disseminate new patient education materials which discuss the use of less expensive generic drugs and are tailored to the specific conditions and needs of minority populations;

[“(4) extend a research program designed to focus on the needs of minority women and teenagers, emphasizing particularly the risks and difficulties associated with pregnancy, child birth, and child rearing;

[“(5) evaluate the long-term efficacy and safety of anti-hypertensive medications and other drugs used to treat health problems among blacks and other minority groups;

[“(6) further research into the role of traditional folk medical practices among minority populations and the effect of such practices on health outcomes; and

[“(7) provide consultation and assistance to other schools of pharmacy in the development and implementation by such schools of more effective educational and service programs for minorities.

[“(c) The Secretary may make grants to the Tuskegee University School of Veterinary Medicine in Tuskegee, Alabama, to establish a Center of Excellence in Minority Veterinary Medicine Education. Such Center shall—

[“(1) improve the recruitment of minority students, augment faculty, develop effective techniques for training minorities in veterinary medicine, and establish scholarship programs to attract and retain promising individuals;

[“(2) conduct research on diseases transmitted between animals and humans, including research on the prevention, control, and eradication of such diseases;

[“(3) provide consultation and assistance to other schools of veterinary medicine in the development and implementation by such schools of more effective educational and service programs for minorities in order to address serious under-representation of minorities in the field of veterinary medicine;

[“(4) evaluate the emotional and functional well being of individuals through the conduct of activities associated with the care of companion animals, recognition of the motives for pet ownership, and appreciation of the variety of emotional attachments which exist between companion animals and their owners; and

[“(5) investigate the value of pet facilitated medical therapy, and the physiological and emotional effect that pets have on the ability of physicians to deal with complex challenges that exist in patient diagnosis and treatment.

[“(d) The Secretary may make grants to the Meharry College of Dentistry in Nashville, Tennessee, to establish a Center of Excellence in Minority Dentistry Education. Such Center shall—

[“(1) provide a forum to assure that the appropriate differences between the medical delivery system and the dental delivery system are clarified;

[“(2) extend a program which would increase effectiveness of dental care delivery among minority populations, facilitate access to dental care services by minority populations, improve the efficiency of services and expand payment systems, and modify services to be culturally acceptable;

[“(3) demonstrate and refine methods of attracting and retaining high caliber minority faculty who are aware of the specific dental needs of minorities and who will conduct reserch addressed to minority dental health problems, and educate minority dentists;

[“(4) demonstrate and refine methods of attracting, retaining, and graduating high caliber minority students who will serve minority populations with serious dental needs, particularly residents of innercity and rural areas;

[“(5) improve the recruitment of minority students, augment faculty, develop effective techniques for training minorities in dentistry, and establish scholarship programs to attract and retain promising individuals;

[“(6) maintain a communications network to disseminate information about dental health promotion, disease prevention, and the use of dental services which specifically addresses conditions and needs among minorities;

[“(7) demonstrate patient education methods which address racial, ethnic, and cultural barriers to proper dental care;

[“(8) develop and disseminate alternative models of delivering and financing the dental services needed by impoverished individuals; and

[“(9) provide consultation and assistance to other schools of dentistry in the development and implementation by such schools of more effective educational and service programs to serve minority populations.

[''(c) For the purpose of grants under subsections (a) through (d) there are authorized to be appropriated for each of the fiscal years 1988, 1989, 1990, and 1991 such sums as may be necessary.''.]

*That this Act may be cited as the ''Excellence in Minority Health Education and Care Act''.*

*FINDINGS AND PURPOSES*

*SEC. 2. (a) The Congress makes the following findings:*

*(1) Minority health care needs are currently greater than the health care needs of the general population.*

*(2) While the number of health professionals has increased, there are still shortages of health professionals from minority groups and there has been a drop in the enrollment of minority individuals in some health professions education programs.*

*(3) Health professionals from minority groups have critical roles in seving low-income minority populations, particularly in inner-city areas and rural areas.*

*(4) Historically, minority schools have developed a special capacity to conduct activities to prepare health professionals to serve minority populations.*

*(5) Health professions schools which train a disproportionate number of minority students also provide a disproportionate amount of health care services to minority populations.*

*(6) A disproportionate number of minority students trained at the schools described in paragraph (5) choose to practice in underserved areas.*

*(7) In the United States—*

*(A) there are only 4 schools of medicine 2 schools of dentistry, and 4 schools of pharmacy which focus predominantly on minority health professions education, and 40 percent of black physicians, 50 percent of all black dentists, and 25 percent of all black pharmacists have trained at one of those schools; and*

*(B) there is only 1 school of veterinary medicine which focuses predominantly on the training of minority students, and that school has trained 75 percent of all black veterinarians.*

*(b) The purposes of this Act are to—*

*(1) strengthen the national capacity to train minority students in the health professions; and*

*(2) support the health professions schools which have trained a significant number of the Nation's minority health professionals and enable those schools to supply health professionals to serve minority populations in underserved areas.*

*ASSISTANCE*

*SEC. 3. Part F of title VII of the Public Health Service Act is amended by inserting before section 788B the following new section:*

*''GRANTS FOR MINORITY EDUCATION*

*''SEC. 788A. (a) The Secretary shall make grants to health professions schools to assist such schools in supporting programs of excellence in health professions education for minority individuals. A*

*grant under this section shall be used by a health professions schools to—*

*"(1) develop a plan to achieve institutional improvements, including financial independence, to enable such school to support programs of excellence in health professions education for minority individuals;*

*"(2) improve the capacity of such school to recruit and retain faculty;*

*"(3) provide improved access to the library and information resources of such school;*

*"(4) establish, strengthen, or expand programs to enhance the academic performance of students in such school;*

*"(5) establish, strengthen, or expand programs to increase the number and quality of applicants for admission to such school; and*

*"(6) develop curricula and carry out faculty training programs in order to enable such school to become, for the Nation's health care providers, a resource with respect to the health problems of minority communities, such as high infant mortality rates and higher incidences of acquired immunodeficiency syndrome.*

*"(b) No grant may be made under this section unless an application therefor has been submitted to the Secretary at such time, in such form, and containing such information, as the Secretary may by regulation prescribe.*

*"(c) In order to be eligible for a grant under this section, a health professions school must—*

*"(1) be a school described in section 701(4); and*

*"(2) have received a contract under section 788B for fiscal year 1987.*

*"(d) To carry out this section, there are authorized to be appropriated $10,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989, 1990, and 1991.".*

Amend the title so as to read: "A bill to provide grants to support excellence in minority health professions education.".

## V. Committee Views

This legislation amends the Public Health Service Act by authorizing programs to create centers of excellence for minority education in the health professions. The Committee has recognized that recent studies have shown minority health status indicators to be lower than for the overall U.S. population. In fact, a report issued in 1985 by the Secretary of Health and Human Services revealed that Black infants are twice as likely to die as white infants, and that Black suffer a disprortionately high rates of hypertension, diabetes, stroke, some types of cancer and other disease categories. Further, 60,000 excess deaths occur each year among Blacks when compared to whites. The Committee recognizes that a large portion of minority health professionals are trained in just a few schools. For example, 40 percent of all Black physicians are trained at four historically Black medical schools, 50 percent of Black pharmacists are trained at four minority schools and 75 percent of Black veterinarians are trained at one minority school. Four of these are pri-

vate institutions that have historically trained a great number of these professionals while relying very little on traditional sources of funding. The minority professionals trained at these schools ultimately provide a high proportion of health care services for minorities in underserved areas. A report issued by the Robert Wood Johnson Foundation demonstrates that approximately 75% of Meharry graduates choose to practice primary care specialties in underserved areas following their training. These institutions deserve appropriate federal support to reward the contributions they make by training such a large number of Blacks and other minorities in the health professions.

Many consider these institutions a national resource. In recognition of this, Congress has provided financial support for these institutions during this period of financial difficulty while they make changes which will make bring them to financial independence. Because of factors beyond their control, these institutions were unable to achieve financial independence during the time period originally anticipated by the Committee, and therefore, the Committee feels that it is appropriate to continue this temporary program while these institutions complete their efforts to achieve financial independence.

The Committee recognizes that minority health professions educational institutions have had significant financial problems partially because of their "Mission" or reason for existence. The great majority of health professions educational institutions have as part of their mission the conduct of research. A large proportion of the institution's revenue comes from research efforts largely funded by the federal government. Greater amounts of research dollars allows for greater numbers of faculty which improves their educational efforts. In addition, patients who receive care from these institutions in many instances have generous insurance benefits. As a result forty to fifty percent of the revenue for these institutions comes from patient care.

The mission for the minority institutions includes providing health care services to low income populations. Often the best case scenario involves patients with Medicaid insurance, and many have no insurance. As a result revenue from patient care for minority institutions is far less than for other institutions. With generally smaller faculty size, these institutions are not able to mount significant research efforts which further compromises their financial status. The Committee recognizes that further federal support is necessary to strengthen these institutions and provide for future self-sufficiency.

The Committee intends that this legislation address minority health care needs by helping minority health professions schools focus their efforts on strengthening our nation's capacity to train minority students in the health professions. The accrediting bodies visiting these institutions during the past year have identified a number of common areas that the institutions could improve to enhance their ability to train students in the health professions. A major area cited is the development of faculty resources and the total number of faculty. Further, it was noted that faculty salaries at these institutions were not competitive in many cases with those in the geographical area. Another major area noted was the need

to strengthen the applicant pool of these institutions with students interested in seeking careers in the health professions and biomedical sciences. Assistance is given to improve faculty recruitment and retention and to expand programs to increase the quality and number of black, hispanic and other underrepresented minority students that attend these schools and other minority and majority institutions. Library learning resource materials, information management, and other academic support such as tutors, counselors, and other specialists were also identified as areas that could be enhanced to improve institutional training capabilities. The Committee intends that improved library and information resources be chief among the tools utilized to attract and retain faculty and students. When possible, emphasis is to be placed on development of programmatic training and excellence in diseases or conditions having a disproportionate impact on minority populations.

Specifically, funds authorized under this program should be used to develop a plan to achieve financial independence. Such a plan should be made available to the Secretary so that he may advise Congress as to appropriate funding levels for this program in future years.

To carry out this legislation $10 million is authorized for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989, 1990 and 1991. A four year authorization is specified to synchronize the authorization of this program with others under Title VII of the Public Health Service Act. To be eligible for this program applicants must be one of the schools described in section 701(4) and must have received a contract under section 788B, the Advanced Financial Distress Program, in fiscal year 1987.

## VI. Congressional Budget Office Cost Estimate

U.S. Congress,
Congressional Budget Office,
*Washington, DC, June 22, 1987.*

Hon. Edward M. Kennedy,
*Chairman, Committee on Labor and Human Resources,*
*U.S. Senate, Washington, DC.*

Dear Mr. Chairman: The Congressional Budget Office has prepared the attached cost estimate for S. 769, the Excellence in Minority Health Education and Care Act, as ordered reported by the Senate Committee on Labor and Human Resources on June 3, 1987.

If you wish further details on this estimate we will be pleased to provide them.

With best wishes,
Sincerely,

Edward M. Gramlich,
*Acting Director.*

1. Bill number: S. 769.
2. Bill title: Excellence in Minority Health Education and Care Act.
3. Bill status: As ordered reported by the Senate Committee on Labor and Human Resources on June 3, 1987.

4. Bill purpose: To amend the Public Health Service Act to authorize assistance for centers for minority medical education, minority pharmacy education, minority veterinary medicine education, and minority dentistry education.

5. Estimated cost to the Federal Government:

[By fiscal years, in million of dollars]

| | 1988 | 1989 | 1990 | 1991 | 1992 |
|---|---|---|---|---|---|
| Estimated authorization level | 10 | 11 | 11 | | |
| Estimated outlays | 3 | 8 | 10 | 7 | 3 |

The costs of this bill fall within budget function 550.

*Basis of Estimate*

The authorization level for 1988 is stated in the bill. Such sums as may be necessary are authorized for fiscal years 1989 and 1990. These levels have been estimated by increasing the 1988 states amount using an appropriate inflator. We assume all authorized amounts are fully appropriated at the beginning of each fiscal year. Outlays are calculated by CBO on the basis of similar program spending data.

6. Estimated cost to State and local government: None.

7. Estimate comparison: None.

8. Previous CBO estimate: None.

9. Estimate prepared by: Carmela Dyer (226-2820).

10. Estimate approval by: C.G. Nuckols for James T. Blum, Assistant Director for Budget Analysis.

## VII. Regulatory Impact Statement

In accordance with paragraph (5)(a) of Rule XXIX of the Standing Rules of the Senate, the following statement of regulatory impact of S. 769 is made.

This measure represents a 4 year authorization for grants to health professions schools to assist them in supporting programs of excellence in health professions education for minority individuals. There is no additional regulation anticipated as a result of enactment of this legislation.

## VIII. Section-by-Section Analysis

The bill provides that the act may be cited as the "Excellence in Minority Health Education and Care Act."

Section 2(a) of the bill cites the findings of the Congress regarding minority health care needs, health care professionals from minority groups, and health professions schools which train minority students.

Section 2(b) of the bill cites the purposes of this act, which are to:

(1) strengthen the national capacity to train minority students in the health professions; and

(2) support the health professions schools which have trained a signif[illegible]nt number of the Nation's minority health profes-

sionals and enable those schools to supply health professionals to serve minority populations in underserved areas.

Section 3 of the bill amends part F of title VII of the PHS Act by inserting a new section 788A. The new section 788A(a) authorizes the Secretary to make grants to health professions schools to assist them in supporting programs of excellence in health professions education for minority individuals. Such a grant will be used by a health professions school to:

(1) develop a plan to achieve institutional improvements, including financial independence, to enable such school to support programs of excellence in health professions education for minority individuals;

(2) improve the capacity of such school to recruit and retain faculty;

(3) provide improved library and information resources of such school;

(4) establish, strengthen, or expand programs to enhance the academic performance of students in such school;

(5) establish, strenghten, or expand programs to increase the number and high quality of applicants for admission to such schools; and

(6) develop curricula and carry out faculty training programs in order to enable schools to become, for the Nation's health care providers, a resource with respect to the health problems of minority communities, such as higher infant mortality rates and higher incidences of A.I.D.S.

The new section 788A(b) provides that no grant may be made under this section unless an application has been submitted to the Secretary at such time, in such form, and containing such information, as the Secretary may prescribe by regulation.

The new section 788A(c) provides that, in order to be eligible for a grant under this section, a health professions school must be a school described in section 701(4) of the PHS Act and have received a contract under section 788B for FY 1987.

The new section 788A(d) authorizes appropriations for this section of $10 million for FY 1988 and such sums as may be necessary for each of FY 1989, 1990 and FY 1991

## IX. Changes in Existing Law

In compliance with rule XXVI paragraph 12 of the Standing Rules of the Senate, the following provides a print of the statute or the part or section thereof to be amended or replaced (existing law proposed to be omitted is enclosed in black brackets, new matter is printed in italic, existing law in which no change is proposed is shown in roman):

### Public Health Service Act

* * * * * * *

### TITLE VII

* * * * * * *

Part F—GRANTS AND CONTRACTS FOR PROGRAMS AND PROJECTS

SECS. 780–788. * * *

*GRANTS FOR MINORITY EDUCATION*

*SEC. 788A. (a) The Secretary shall make grants to health professions schools to assist such schools in supporting programs of excellence in health professions education for minority individuals. A grant under this section shall be used by a health professions school to—*

*(1) develop a plan to achieve institutional improvements, including financial independence, to enable such school to support programs of excellence in health professions education for minority individuals;*

*(2) improve the capacity of such school to recruit and retain faculty;*

*(3) provide improved access to the library and information resources of such school;*

*(4) establish, strengthen, or expand programs to enhance the academic performance of students in such school;*

*(5) establish, strengthen, or expand programs to increase the number and quality of applicants for admission to such school; and*

*(6) develop curricula and carry out faculty training programs in order to enable such school to become, for the Nation's health care providers, a resource with respect to the health problems of minority communities, such as higher infant mortality rates and higher incidences of acquired immunodeficiency syndrome.*

*(b) No grant may be made under this section unless an application therefor has been submitted to the Secretary at such time, in such form, and containing such information, as the Secretary may by regulation prescribe.*

*(c) In order to be eligible for a grant under this section, a health professions school must—*

*(1) be a school described in section 701(4); and*

*(2) have received a contract under section 788B for fiscal year 1987.*

*(d) To carry out this section, there are authorized to be appropriated $10,000,000 for fiscal year 1988 and such sums as may be necessary for each of the fiscal years 1989, 1990, and 1991.*

○